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Form Approved OMB No 2050-0034 Expires 9-30-96
GSA No. 0248-EPA-OT

For EPA Regional Use Only REC'D IRSP. BR. AUG 26 1996 Date Received Month Day Year _____	 United States Environmental Protection Agency Washington, DC 20460 <h2 style="margin: 0;">Hazardous Waste Permit Application</h2> <h3 style="margin: 0;">Part A</h3> <p><i>(Read the Instructions before starting)</i></p>	<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 100px;">R</div> <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin: 0 auto; width: 100px;">E</div> <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin: 0 auto; width: 100px;">C</div> <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin: 0 auto; width: 100px;">I</div> <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin: 0 auto; width: 100px;">V</div> <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin: 0 auto; width: 100px;">E</div> <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; margin: 0 auto; width: 100px;">D</div> <p style="margin-top: 10px;">AUG 19 1996</p> <p>HAZARDOUS WASTE PROGRAM MISSOURI DEPARTMENT OF NATURAL RESOURCES</p>
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)		
<input type="checkbox"/> A. First Part A Submission		<input checked="" type="checkbox"/> B. Part A Amendment # _____
C. Installation's EPA ID Number M O D 0 0 0 8 1 8 9 6 3		D. Secondary ID Number (If applicable) 0 0 1 0 0 1
II. Name of Facility M C D O N N E L L D O U G L A S C O R P O R A T I O N		
III. Facility Location (Physical address not P.O. Box or Route Number)		
A. Street M C D O N N E L L A N D L I N D B E R G H B L V D .		
Street (Continued) _____		
City or Town H A Z E L W O O D		State M O
		Zip Code 6 3 0 4 2 -
County Code (If known)	County Name S T L O U I S C O U N T Y	
B. Land Type (Enter code) F	C. Geographic Location LATITUDE (Degrees, Minutes, & Seconds) LONGITUDE (Degrees, Minutes & Seconds) 3 8 4 5 0 2 5 0 9 0 2 1 0 5 5	D. Facility Existence Date Month Day Year 1 1 0 4 1 9 8 0
IV. Facility Mailing Address		
Street or P.O. Box P O B O X 5 1 6 M A I L C O D E 1 1 1 1 0 9 9		
City or Town S T L O U I S		State M O
		Zip Code 6 3 1 6 6 - 0 5 1 6
V. Facility Contact (Person to be contacted regarding waste activities at facility)		
Name (Last) H A A K E		(First) J O S E P H
Job Title G R O U P M A N A G E R		Phone Number (Area Code and Number) 3 1 4 - 2 3 2 - 3 3 1 9
VI. Facility Contact Address (See instructions)		
A. Contact Address Location Mailing Other <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		B. Street or P.O. Box _____
City or Town _____		State _____
		Zip Code _____

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EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

M O D 0 0 0 8 1 8 9 6 3

0 0 1 0 0 1

XI. Nature of Business (Provide a brief description)

Manufacture of airframe and final assembly of military aircraft.

XII. Process Codes and Design Capacities

EXAMPLE FOR COMPLETING ITEM XII (Shown in line number X-1 below): A facility has a storage tank, which can hold 533,788 gallons.

Line Number	A. Process Code (From list above)	B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	For Official Use Only
		1. Amount (Specify)	2. Unit of Measure (Enter code)		
X 1	S 0 2	5 3 3 7 8 8	G	0 0 1	
1	S 0 1	24 .640	G	001	
2	S 0 1	1 .540	G	001	
3		.			
4		.			
5		.			
6		.			
7		.			
8		.			
9		.			
1 0		.			
1 1		.			
1 2		.			
1 3		.			

NOTE: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in item XIII.

XIII. Other Processes (Follow instructions from item XII for D99, S99, T04 and X99 process codes)

Line Number (Enter #s in seg w/XII)	A. Process Code (From list above)	B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	D. Description Of Process
		1. Amount (Specify)	2. Unit Of Measure (Enter code)		
X 1	T 0 4	2 6 0 0 0 0	S	0 0 1	
1	N A				
2					

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EPA I.D. Number (Enter from page 1)										Secondary ID Number (Enter from page 1)										
M	O	D	0	0	0	8	1	8	9	6	3									

[illegible]

EPA I.D. Number (Enter from page 1)

M O D O C O 8 1 8 9 6 3

Secondary ID Number (Enter from page 1)

0 0 1 0 0 1

XV. Map

Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature

Name and Official Title (Type or print)

Owner Signature

Name and Official Title (Type or print)

Operator Signature

Name and Official Title (Type or print)

Gerard J. Olsen, Deputy General Manager, General Services

Operator Signature

Name and Official Title (Type or print)

Date Signed

Date Signed

Date Signed

14 AUG 96

Date Signed

XIX. Comments

RCRA Records Center

R00033033



Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

Mel Carnahan, Governor • David A. Shorr, Director

DIVISION OF ENVIRONMENTAL QUALITY
P.O. Box 176 Jefferson City, MO 65102-0176

August 23, 1996

Mr. Bob Stewart, P.E.
RCRA Permitting and
Compliance Branch
US EPA Region VII
726 Minnesota Ave.
Kansas City, KS 66101

RECEIVED

AUG 26 1996

IRSP. BRANCH

RE: Part A Form for McDonnell Douglas Corporation

Dear Mr. Stewart:

Please find enclosed a copy of the Part A for McDonnell Douglas Corporation, EPA ID # MOD000818963.

If you have any questions, please feel free to call me at (573) 751-3176.

Sincerely,

HAZARDOUS WASTE PROGRAM



Joy Reven
Planner

JR:js

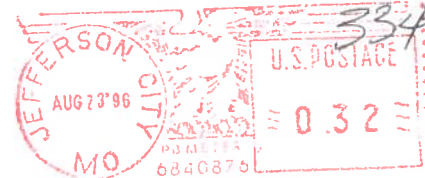
Enclosure

c: ☒ Harriet Jones, P.E., RCRA Branch, Waste Management
Division, US EPA Region VII



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 176
JEFFERSON CITY MO 65102-0176

FIRST-CLASS



Ms. Harriet Jones, P.E.
RCRA Branch, Waste Management Division
US EPA Region VII
726 Minnesota Ave.
Kansas City, KS 66101

